

City of Franklin
9229 W. Loomis Road
Franklin, WI 53132

ARCHITECTURAL BOARD REVIEW

Residential Application Fee \$50
Sign Application Fee \$40

www.franklinwi.gov
Phone (414) 425-0084
Fax (414) 425-7513

Please print or type information:

Application No.:

BUILDING ADDRESS:		CORNER LOT	YES	NO
IF NO ADDRESS:				
SUBDIVISION NAME:		LOT NO. _____	BLOCK NO. _____	
OWNER'S NAME(S):		EMAIL:		
MAILING ADDRESS:		CITY:	ZIP:	
TELEPHONE #:		CELL PHONE #:		
CONTRACTOR'S NAME:		EMAIL:		
MAILING ADDRESS:		CITY:	ZIP:	
TELEPHONE #:		FAX #:	CELL PHONE#:	

Applicant's Signature

Date

APPLICATION TYPE/DESCRIPTION: _____
(NEW HOME, ADDITION, ETC.)

ARCHITECTURAL BOARD MEETING DATE: _____ AGENDA ITEM #: _____

☐ Approved ☐ Approved w/changes ☐ Denied ☐ Tabled to _____

Comments: _____

Motion by: ☐ Jost ☐ Kazmierski ☐ Naujock ☐ Bollis ☐ Werner ☐ Cieszynski ☐ Ohm

Seconded by: ☐ Jost ☐ Kazmierski ☐ Naujock ☐ Bollis ☐ Werner ☐ Cieszynski ☐ Ohm

ROLL CALL VOTE:			
NAME	AYE	NO	ABSTAIN
Jost, Louis			
Kazmierski, Ken			
Bollis, Gregory			
Werner, Vance			
Baumgart, Fred (Inspector)			
Cieszynski, David (Alternate)			
Ohm, Tim (Alternate)			
Naujock, Walter (Chairman)			

EI DESIGN REPETITION: A building design may not be repeated within four lots of an existing building. This shall apply to all buildings, whether or not they are constructed by the same builder.

EI FOUNDATIONS BELOW OVERHANGING BAYS: Buildings shall be designed with foundations below all bays which overhang the building foundation.

EI CORNER SIDE ELEVATIONS: Buildings located on corner lots shall continue the major front elevation design elements around the corner elevation.

EI BLANK SIDE ELEVATIONS: Building side elevations which have only siding used on these elevations as element/s shall provide some additional architectural design element/s to break up the plane of the wall. This may be done by the addition of window/s, gable end wall treatments, siding design and accent panels or other architectural design treatments consistent with the principal building design.

EI SCALE OF BUILDING ELEVATIONS: Building plan elevations shall be submitted to a scale not less than 1/4 inch equals one foot (1/4" = 1').

EI ELEVATION DETAIL: Building plans shall be submitted with all detail drawn in on each elevation. Plans drawn with partial building details drawn in will be returned to the builder/owner for redrafting. Red-line drawing will only be accepted for minor detail changes, major changes will require redrafting of the building elevations.

EI ENCLOSURE OF METAL FURNACE VENTS: All chimney and fireplace vents shall be enclosed in a chase constructed of materials similar to those materials used on the building elevations. The Board will also accept metal housings designed by the vent manufacturer to enclose the chimney vents.

EI APPROVAL TIME PASSED

EI HOUSE SQUARE FOOTAGE AND/OR GARAGE SQUARE FOOTAGE CHANGED

EI ORIGINALLY APPROVED WITH WINDOW IN GARAGE SIDE ELEVATION (SEE ORIGINAL PLAN) EI

Wisconsin Division of Safety and Buildings Wisconsin Stats. 101.63, 101.73		WISCONSIN UNIFORM BUILDING PERMIT APPLICATION				Application No.	
		Instructions on back of second ply. The information you provide may be used by other government agency programs [(Privacy Law, s. 15.04 (1)(m))]				Parcel No.	
PERMIT REQUESTED		<input type="checkbox"/> Constr. <input type="checkbox"/> HVAC <input type="checkbox"/> Electric <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control <input type="checkbox"/> Other:					
Owner's Name		Mailing Address				Tel.	
Contractor Name & Type		Lic/Cert#		Mailing Address		Tel. & Fax	
Dwelling Contractor (Constr.)							
Dwelling Contr. Qualifier				The Dwelling Contr. Qualifier shall be an owner, CEO, COB or employee of the Dwelling Contr.			
HVAC							
Electrical							
Plumbing							
PROJECT LOCATION		Lot area _____ Sq.ft.	<input type="checkbox"/> One acre or more of soil will be disturbed	_____ 1/4, _____ 1/4, of Section _____, T _____ N, R _____ E (or) W _____			
Building Address		Subdivision Name			Lot No.		Block No.
Zoning District(s)		Zoning Permit No.		Setbacks:	Front _____ ft.	Rear _____ ft.	Left _____ ft. Right _____ ft.
1. PROJECT		3. OCCUPANCY		6. ELECTRIC		9. HVAC EQUIP.	
<input type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Alteration <input type="checkbox"/> Raze <input type="checkbox"/> Addition <input type="checkbox"/> Move <input type="checkbox"/> Other:		<input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Garage <input type="checkbox"/> Other:		Entrance Panel Amps: _____ <input type="checkbox"/> Underground <input type="checkbox"/> Overhead		<input type="checkbox"/> Furnace <input type="checkbox"/> Radiant Basebd <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central AC <input type="checkbox"/> Fireplace <input type="checkbox"/> Other:	
				7. WALLS		12. ENERGY SOURCE	
						Fuel Nat Gas LP Oil Elec Solid Solar Space Htg <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Water Htg <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
						<input type="checkbox"/> Dwelling unit has 3 kilowatt or more in electric space heating equipment capacity.	
2. AREA INVOLVED (sq ft)		4. CONST. TYPE				13. HEAT LOSS	
	Unit 1	Unit 2	Total	<input type="checkbox"/> Site-Built <input type="checkbox"/> Mfd. per WI UDC <input type="checkbox"/> Mfd. per US HUD		_____ BTU/HR Total Calculated Envelope and Infiltration Losses ("Maximum Allowable Heating Equipment Output" on Energy Worksheet; "Total Building Heating Load" on Rescheck report)	
Unfin. Bsmt				<input type="checkbox"/> Wood Frame <input type="checkbox"/> Steel <input type="checkbox"/> ICF <input type="checkbox"/> Timber/Pole <input type="checkbox"/> Other:			
Living Area							
Garage				<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other:			
Deck				<input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other: <input type="checkbox"/> Plus Basement			
Totals							
						10. SEWER	
						<input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit# _____	
						11. WATER	
						<input type="checkbox"/> Municipal <input type="checkbox"/> On-Site Well	
						14. EST. BUILDING COST w/o LAND	
						\$ _____	
I agree to comply with all applicable codes, statutes and ordinances and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. If one acre or more of soil will be disturbed, I understand that this project is subject to ch. NR 151 regarding additional erosion control and stormwater management and the owner shall sign the statement on the back of the permit if not signing below. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done. <input type="checkbox"/> I vouch that I am or will be an owner-occupant of this dwelling for which I am applying for an erosion control or construction permit without a Dwelling Contractor Certification and have read the cautionary statement regarding contractor responsibility on the reverse side of the last ply.							
APPLICANT'S SIGNATURE _____				DATE SIGNED _____			
APPROVAL CONDITIONS		This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. <input type="checkbox"/> See attached for conditions of approval.					
ISSUING JURISDICTION		<input type="checkbox"/> Town of <input type="checkbox"/> Village of <input type="checkbox"/> City of <input type="checkbox"/> County of <input type="checkbox"/> State→			State-Contracted Inspection Agency#:		Municipality Number of Dwelling Location _____ - _____
FEES:		PERMIT(S) ISSUED		WIS PERMIT SEAL #		PERMIT ISSUED BY:	
Plan Review	\$ _____	<input type="checkbox"/> Construction <input type="checkbox"/> HVAC <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control				Name _____ Date _____ Tel. _____ Cert No. _____	
Inspection	\$ _____						
Wis. Permit Seal	\$ _____						
Other	\$ _____						
Total	\$ _____						

INSTRUCTIONS

The owner, builder or agents shall complete the application form down through the Signature of Applicant block and submit it and building plans and specifications to the enforcing municipality. Permit application data is used for statewide statistical gathering on new one- and two-family dwellings, as well as for local code administration. **Please type or use ink and press firmly with multi-ply form.**

PERMIT REQUESTED

- Check off type of Permit Requested, such as structural, HVAC, Electrical or Plumbing.
- Fill in owner's current Mailing Address and Telephone Number.
- If the project will disturb one acre or more of soil, the project is subject to the additional erosion control and stormwater provisions of ch. NR 151 of the WI Administrative Code. Checking this box will satisfy the related notification requirements of ch. NR 216.
- Fill in Contractor and Contractor Qualifier Information. Per s. 101.654 (1) WI Stats., an individual taking out an erosion control or construction permit shall enter his or her dwelling contractor certificate number, and name and certificate number of the dwelling contractor qualifier employed by the contractor, unless they reside or will reside in the dwelling. Per s. 101.63 (7) Wis. Stats., the master plumber name and license number must be entered before issuing a plumbing permit.

-----PROJECT-LOCATION-----

- Fill in Building Address (number and street or sufficient information so that the building inspector can locate the site).
- Local zoning, land use and flood plain requirements must be satisfied before a building permit can be issued. County approval may be necessary.
- Fill in Zoning District, lot area and required building setbacks.

PROJECT DATA - Fill in all numbered project data blocks (1-14) with the required information. All data blocks must be filled in, including the following:

2. Area (involved in project):
 - Basements - include unfinished area only
 - Living area - include any finished area including finished areas in basements
 - Two-family dwellings - include separate and total combined areas
3. Occupancy - Check only "Single-Family" or "Two-Family" if that is what is being worked on. In other words, do not check either of these two blocks if only a new detached garage is being built, even if it serves a one or two family dwelling. Instead, check "Garage" and number of stalls. If the project is a community based residential facility serving 3 to 8 residents, it is considered a single-family dwelling.
9. HVAC Equipment - Check only the major source of heat, plus central air conditioning if present. Only check "Radiant Baseboard" if there is no central source of heat.
10. Plumbing - A building permit cannot be issued until a sanitary permit has been issued for any new or affected existing private onsite wastewater treatment system.
14. Estimated Cost - Include the total cost of construction, including materials and market rate labor, but not the cost of land or landscaping.

SIGNATURE - Sign and date this application form. If you do not possess the Dwelling Contractor certification, then you will need to check the owner-occupancy statement for any erosion control or construction permits.

CONDITIONS OF APPROVAL - The authority having jurisdiction uses this section to state any conditions that must be complied with pursuant to issuing the building permit.

ISSUING JURISDICTION: This must be completed by the authority having jurisdiction.

- Check off Jurisdiction Status, such as town, village, city, county or state and fill in Municipality Name
- Fill in State Inspection Agency number only if working under state inspection jurisdiction.
- Fill in Municipality Number of Dwelling Location
- Check off type of Permit Issued, such as construction, HVAC, electrical or plumbing.
- Fill in Wisconsin Uniform Permit Seal Number, if project is a new one- or two-family dwelling.
- Fill in Name and Inspector Certification Number of person reviewing building plans and date building permit issued.

Cautionary Statement To Owners Obtaining Building Permits

101.65(lr) of the Wisconsin Statutes requires municipalities that enforce the Uniform Dwelling Code to provide an owner who applies for a building permit with a statement advising the owner that:

If the owner hires a contractor to perform work under the building permit and the contractor is not bonded or insured as required under s. 101.654 (2) (a), the following consequences might occur:

(a) The owner may be held liable for any bodily injury to or death of others or for any damage to the property of others that arises out of the work performed under the building permit or that is caused by any negligence by the contractor that occurs in connection with the work performed under the building permit.

(b) The owner may not be able to collect from the contractor damages for any loss sustained by the owner because of a violation by the contractor of the one- and two- family dwelling code or an ordinance enacted under sub. (1) (a), because of any bodily injury to or death of others or damage to the property of others that arises out of the work performed under the building permit or because of any bodily injury to or death of others or damage to the property of others that is caused by any negligence by the contractor that occurs in connection with the work performed under the building permit.

Additional Responsibilities for Owners of Projects Disturbing More One or More Acre of Soil

I understand that this project is subject to ch. NR 151 regarding additional erosion control and stormwater management and will comply with those standards.

Owner's Signature: _____ Date: _____

**CITY OF FRANKLIN
9229 W. LOOMIS ROAD
ARCHITECTURAL REVIEW BOARD
MEETING DATES
JANUARY THROUGH APRIL 2010**



**MEETINGS HELD AT:
7:00 P.M.**

**IN THE INSPECTION CONFERENCE ROOM
UPPER LEVEL**

DEADLINE DATES – 4:00 P.M.		MEETING DATES – 7:00 P.M.
JANUARY 7, 2010	●●●●●●●●●●	JANUARY 14, 2010
JANUARY 21, 2010	●●●●●●●●●●	JANUARY 28, 2010
FEBRUARY 4, 2010	●●●●●●●●●●	FEBRUARY 11, 2010
FEBRUARY 18, 2010	●●●●●●●●●●	FEBRUARY 25, 2010
MARCH 4, 2010	●●●●●●●●●●	MARCH 11, 2010
MARCH 18, 2010	●●●●●●●●●●	MARCH 25, 2010
APRIL 1, 2010	●●●●●●●●●●	APRIL 8, 2010
APRIL 15, 2010	●●●●●●●●●●	APRIL 22, 2010

**CITY OF FRANKLIN
9229 W. LOOMIS ROAD
ARCHITECTURAL REVIEW BOARD
MEETING DATES
MAY THROUGH AUGUST 2010**



**MEETINGS HELD AT:
7:00 P.M.**

**IN THE INSPECTION CONFERENCE ROOM
UPPER LEVEL**

DEADLINE DATES – 4:00 P.M.		MEETING DATES – 7:00 P.M.
MAY 6, 2010	●●●●●●●●●●	MAY 13, 2010
MAY 20, 2010	●●●●●●●●●●	MAY 27, 2010
JUNE 3, 2010	●●●●●●●●●●	JUNE 10, 2010
JUNE 17, 2010	●●●●●●●●●●	JUNE 24, 2010
JULY 1, 2010	●●●●●●●●●●	JULY 8, 2010
JULY 15, 2010	●●●●●●●●●●	JULY 22, 2010
AUGUST 5, 2010	●●●●●●●●●●	AUGUST 12, 2010
AUGUST 19, 2010	●●●●●●●●●●	AUGUST 26, 2010

**CITY OF FRANKLIN
9229 W. LOOMIS ROAD
ARCHITECTURAL REVIEW BOARD
MEETING DATES
SEPTEMBER THROUGH DECEMBER 2010**



**MEETINGS HELD AT:
7:00 P.M.**

**IN THE INSPECTION CONFERENCE ROOM
UPPER LEVEL**

DEADLINE DATES – 4:00 P.M.		MEETING DATES – 7:00 P.M.
SEPTEMBER 2, 2010	●●●●●●●●●●	SEPTEMBER 9, 2010
SEPTEMBER 16, 2010	●●●●●●●●●●	SEPTEMBER 23, 2010
OCTOBER 7, 2010	●●●●●●●●●●	OCTOBER 14, 2010
OCTOBER 21, 2010	●●●●●●●●●●	OCTOBER 28, 2010
OCTOBER 28, 2010	●●●●●●●●●●	NOVEMBER 4, 2010*
NOVEMBER 11, 2010	●●●●●●●●●●	NOVEMBER 18, 2010*
NOVEMBER 24, 2010	●●●●●●●●●●	DECEMBER 2, 2010*
DECEMBER 9, 2010	●●●●●●●●●●	DECEMBER 16, 2010*

(414) 425-0084

*NOTE MEETING CHANGE TO 1ST AND 3RD THURSDAY

City of Franklin Building Inspection Department

9229 W. Loomis Road, Franklin, WI 53132

Telephone #414-425-0084 / Fax #414-425-7513

SINGLE FAMILY & TWO FAMILY RESIDENTIAL BUILDING PERMIT FEES 2010

Plan Review Fee \$250

The following fees are assessed when the permit application has been processed. Fees are paid at the time of permit pickup.

**Bldg. Fee \$0.32/Sq. Ft.
(includes attached garage, not unfinished basement)**

Erosion Control \$ 150

State Seal \$ 40

Occupancy \$ 50

**House Numbers (4 digit) - \$6.65
(5 digit) - \$7.95**

Fireplace \$ 45

Deck \$ 50

**Impact Fee Library - \$688
Parks and Recreation - \$3281
Police/Municipal Court - \$627
Fire/Rescue - \$337
Water System - \$1701
Transportation Facilities - \$65
Administrative Fee - \$55**

\$ 6754 Total Impact Fee

Sewer Connection Fee \$ 600

Technology Fee \$ 5

**PLEASE NOTE: THESE FEES ARE SUBJECT TO CHANGE AT ANY TIME.
PLEASE CALL TO CONFIRM CURRENT FEES.**

**Plumbing, Electrical, and HVAC permits are not included in these fees.
Additional permits are required.**